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(54) Title: STENT HAVING ANTIMICROBIAL AGENT

(54) Titre: EXTENSEUR POURVU D'UN AGENT ANTIMICROBIEN

(57) Abstract

A medical stent having an inorganic antimicrobial agent on a surface, the agent preferably being a zeolite. The stent can be of metal or a polymer and the agent being in a coating that is applied to one or both of the surfaces of the stent. The stent can be of a polymer resin incorporating the agent.

(57) Abrégé

L'invention concerne un extenseur médical dont une surface est pourvue d'un agent antimicrobien inorganique, l'agent étant de préférence un zéolite. L'extenseur peut être fait d'un métal ou d'un polymère et l'agent peut se présenter comme un revêtement appliqué à une ou aux deux surfaces de l'extenseur. L'extenseur peut être en résine polymère avec l'agent incorporé.

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STENT HAVING ANTIMICROBIAL AGENT

Field of the Invention

The invention relates to a medical stent having antimicrobial properties.

Background of the Invention

Stents are devices widely used in the medical field. For example, there are coronary and peripheral artery stents made of metal, such as stainless steel, NiTi or tungsten. Typical of these are of the type shown in U.S. patent 5,690,670. These stents also can be of metal coated with a polymer, such as polyurethane, or coated with a material such as silicone rubber. Typical of these are stents shown in U.S. Patent 5,713,949. Biliary, +esophageal, urinary and urethral stents often are of polymeric material. Stents of a polymer material are shown in U.S. Patents 5,713,949 and 5,607,467.

Most, if not all, of such stents are subject to contact with body fluids, such as blood, and with body tissue, such as arterial vessels. The materials contacting the stent are potential sources of contamination by bacteria. Also, the stent itself is a potential site for bacteria growth. Therefore, it would be desirable to provide the stent with antimicrobial properties. That is, it would be desirable that bacteria in the body fluids and tissue contacting the stent are killed. Providing the antimicrobial properties preferably should be done in a manner which does not increase build-up of solid materials deposited on the stent and, more preferably, should reduce such build-up. Also, providing the stent with antimicrobial properties should

agent.

A further object is a medical stent containing a zeolite as an antimicrobial agent.

Still an additional object is to provide a medical stent made of resin containing an inorganic antimicrobial agent.

Yet another object is to provide a medical stent having a coating containing an inorganic antimicrobial agent.

Brief Description of the Drawings

Other objects and advantages of the present invention will become more apparent upon reference to the following specification and annexed drawings in which:

Fig. 1 is a view of a typical medical stent of metal; and

Figs. 2 and 3 respectively show a plan view of a blank of material for a stent and a stent made from the blank.

Detailed Description of the Invention

Fig .1 shows a metal stent of the type disclosed in U.S. Patent 5,690,670. This is illustrative of any type of metal stent with which the present invention can be utilized. The stent 160 of Fig. 1 is of the expandable type and is shown in a non-expanded state positioned on the distal end of a balloon expandable segment 162 of a guide wire 164. The stent 160 is fabricated from a suitable material such as stainless steel, NiTi, tungsten, Ti-Nb-Zr alloy or any other suitable material. The stent illustrated is designed so that it can be collapsed over a balloon segment of a balloon catheter.

The stent is positioned within a segment of a tubular body conduit 165, a blood vessel for example, to be propped open. Expansion of the balloon 162 expands the stent 160 radially outward up to the blood vessel wall 166 so that means for gripping soft tissue, such as barbs (not shown), on the outer surface of the stent 160, engage and grip blood vessel

also can be applied to one or both of its surfaces.

Processes for making the different types of stents are described below.

Coated Stents - For a metal stent, the inorganic antimicrobial agent preferably is applied as a coating. A coating with the agent also can be applied to a stent of polymeric material, such as of Figs. 2 and 3. In either case, the coating must be adherent and flexible, the latter to accommodate flexing, bending and compression of the stent. Typical thickness for the coatings are from between about 1 - 15 microns, preferably, between about 1 - 10 microns and most preferably between about 1 - 5 microns.

Coatings of a polymer containing the agent are preferred for both the metal and polymeric stents. These can be bonded to the stent, that is, the coating is effectively adhesively bonded to the stent. The polymers for the coating can be of silicone rubber and hydrophilic polymers. A preferred coating can be of, for example, a hydrophilic polymer such as hydrophilic polyurethane or a hydrophilic polymer material having a lubricious property, such as shown in U.S. Patent 5,731,087. The antimicrobial agent preferably comprises zeolite ceramic particles mixed with the coating material. That is, the zeolite particles are blended in the desired amount into the coating material.

The agent particles comprise by weight of the coating between about 0.1% - 100% , more preferably between about 0.1% - 75% and most preferably between about 0.5%-50.0%. The size of the particles of the agent is preferably about 1.0 micron in nominal diameter.

The coating with the agent is applied by any suitable technique, such as spraying, painting or dipping the metal or resin stent into the coating material. This can be done either while the material piece forming the stent is flat or after it has its cylindrical shape. By using painting or spraying the coating with the agent can be applied to only one of the stent inner or outer surfaces. Heat and/or pressure is applied and roughening or etching of the surface is performed as needed depending upon the stent and coating

	wt%	0.1 to 20.0, more preferably 0.5 to 10.0 and most preferably 0.5 to 5.0 of agent in the coating
	size of agent particles	1.0 micron

Metal stents 2 and 3 above involve coating the metal with the polymer leaving the spaces 6, 7 of Figs. 2 and 3 between the metal struts free. In contrast, metal stent 3 above is a metal stent that is completely covered by a polymer containing the zeolite.

For a metal stent, a powder coating process also can be used to apply the coating containing the antimicrobial agent. A powder coating process usually comprises the basic steps of cleaning the metal, electrostatically spraying the powder onto the metal, and baking. One or both of the stent surfaces can be powder coated. Here, particles of the inorganic antimicrobial, such as the ceramic particles, can be incorporated into the powder, blended directly with the powder or applied in a second step to the surface of a powder coated part before the baking step.

Incorporation of the inorganic antimicrobial agent into the powder to be sprayed can be accomplished in any suitable way. For example, it can be done by preparing a master batch concentrate of the resin particles containing the agent particles. That is, the zeolite ceramic particles are also made in a base resin, such as polyethylene, polyurethane, etc. These resin particles containing the zeolite ceramic, are then blended into the polymer or coating material, such as by kneading or rolling to form pellets having the agent in a desired concentration. This preferably is between 0.1 to 30% by weight, preferably 0.5 to 15%, and most preferably 1 to 10% of the pellets. The size of the resin containing zeolite particles in the pellets preferably is about 1.0 micron. The pellets are then ground or melt atomized to produce a powder that is used directly in the spray powder coating process. Also, the mixture can be diluted with untreated powder normally used in the conventional powder coating process. An illustration of a metal stent that is powder coated follows.

suitable resin mixture containing the agent. Here, the agent is automatically available on both surfaces of the stent.

These resins with the agent can be prepared by first preparing a master batch concentrate of the antimicrobial agent. That is, particles of the ceramic zeolite in the resin base are blended with a polymeric resin, such as by kneading or molding. This master batch material is formed into pellets, which can be ground to any desired size. Methods for incorporating the antibiotic agent in the resin are described in U.S. Patents Nos. 4,938,955 and 4,906,464. Final formation of the stents from the resin incorporating the antimicrobial agent can be by compression molding or other conventional forming methods.

The pellets of the master batch material is then added to untreated resin that is to be used to make the stent. The composite of the master batch and untreated resin preferably results in a final concentration by weight of between 0.1 to 30%, preferably 0.5 to 15%, most preferably 1 to 10% of the agent zeolite particles. An example of a polymeric stent follows.

5. Polymeric stent:

resin	polyurethane, polyvinylchloride, silicone rubber
agent	Ag in zeolite (AJ10N Shinagawa)
wt%	0.1 to 20.0, more preferably 0.5 to 10.0 and most preferably 0.5 to 5.0 of agent in the resin of the stent
size of agent particles	1.0 micron

Where polyurethane is to be used as the resin material for the stent, the polyurethane is in liquid form. The zeolite particles, preferably in a base polyurethane resin form but also in the normal ceramic particle state, can be added to untreated polyurethane liquid to make a master batch concentrate, which is then added to untreated polyurethane to make the resin

relatively easily determine an effective amount of the antimicrobial agent to be used with each material.

As to the inorganic antimicrobial agent incorporated in the resin for the stent, into the liquid coating material or used in the coating powder, a number of metal ions, which are inorganic materials, have been shown to possess antibiotic activity, including silver, copper, zinc, mercury, tin, lead, bismuth, cadmium, chromium and thallium ions. These antibiotic metal ions are believed to exert their effects by disrupting respiration and electron transport systems upon absorption into bacterial or fungal cells. Antimicrobial metal ions (cations) of silver, gold, copper and zinc, in particular, are considered safe even for *in vivo* use. Antimicrobial silver cations are particularly useful for *in vivo* use due to the fact that they are not substantially absorbed into the body. That is, if such materials are used they should pose no hazard.

In one embodiment of the invention, the inorganic antibiotic metal containing composition is an antibiotic metal salt. Such salts include silver acetate, silver benzoate, silver carbonate, silver ionate, silver iodide, silver lactate, silver laureate, silver nitrate, silver oxide, silver palpitate, silver protein, and silver sulfadiazine. Silver nitrate is preferred. These salts are particularly quick acting, as no release from ceramic particles is necessary to function antimicrobially.

Antibiotic ceramic particles useful with the present invention include zeolites, hydroxy apatite, zirconium phosphates or other ion-exchange ceramics. Zeolites are preferred, and are described in the preferred embodiments referred to below. Hydroxy apatite particles containing antimicrobial metals are described, e.g., in U.S. Patent No. 5,009,898. Zirconium phosphates containing antimicrobial metals are described, e.g., in U.S. Patent Nos. 5,296,238; 5,441,717; and 5,405,644.

Inorganic particles, such as the oxides of titanium, aluminum, zinc and copper, may be coated with a composition which confers antimicrobial properties, for example, by releasing antimicrobial metal ions

invention is not restricted to use of these specific zeolites.

The ion-exchange capacities of these zeolites are as follows: A-type zeolite = 7 meq/g; X-type zeolite = 6.4 meq/g; Y-type zeolite = 5 meq/g; T-type zeolite = 3.4 meq/g; sodalite = 11.5 meq/g; mordenite = 2.6 meq/g; analcite = 5 meq/g; clinoptilolite = 2.6 meq/g; chabazite = 5 meq/g; and erionite = 3.8 meq/g. These ion-exchange capacities are sufficient for the zeolites to undergo ion-exchange with ammonium and antibiotic metal ions.

The specific surface area of preferred zeolite particles is preferably at least 150 m^2/g (anhydrous zeolite as standard) and the SiO_2/Al_2O_3 mol ratio in the zeolite composition is preferably less than 14, more preferably less than 11.

The antibiotic metal ions (cations) used in the antibiotic zeolites should be retained on the zeolite particles through an ion-exchange reaction. Antibiotic metal ions which are adsorbed or attached without an ion-exchange reaction exhibit a decreased bactericidal effect and their antibiotic effect is not long-lasting. Nevertheless, it is advantageous for imparting quick antimicrobial action to maintain a sufficient amount of surface adsorbed metal ion.

In the ion-exchange process, the antibiotic metal ions tend to be converted into their oxides, hydroxides, basic salts etc. either in the micropores or on the surfaces of the zeolite and also tend to deposit there, particularly when the concentration of metal ions in the vicinity of the zeolite surface is high. Such deposition tends to adversely affect the bactericidal properties of ion-exchanged zeolite.

In an embodiment of the antibiotic zeolites, a relatively low degree of ion exchange is employed to obtain superior bactericidal properties. It is believed to be required that at least a portion of the zeolite particles retain metal ions having bactericidal properties at ion-exchangeable sites of the zeolite in an amount less than the ion-exchange saturation capacity of the zeolite. In one embodiment, the zeolite employed in the present invention

material.

The antibiotic properties of the antibiotic zeolite particles of the invention may be assayed while in aqueous formulations using conventional assay techniques, including for example determining the minimum growth inhibitory concentration (MIC) with respect to a variety of bacteria, eumycetes and yeast. In such a test, the bacteria listed below may be employed:
such a test, the bacteria listed below may be employed:

Bacillus cereus varmycoides;
Escherichia coli;
Pseudomonas aeruginosa;
Staphylococcus aureus;
Streptococcus faecalis;
Aspergillus niger;
Aureobasiduim pullulans;
Chaetomium globosum;
Gliocladium virens;
Penicillum funiculosum;
Candida albicans; and
Saccharomyces cerevisiae.

The assay for determining MIC can be carried out by smearing a solution containing bacteria for inoculation onto a plate culture medium to which a test sample of the encapsulated antibiotic zeolite particles is added in a particular concentration, followed by incubation and culturing of the plate. The MIC is defined as a minimum concentration thereof required for inhibiting the growth of each bacteria.

Safety and biocompatibility tests were conducted on the antibiotic zeolites employed in the invention. ISO 10993-1 procedures were employed. The following results were obtained:

Claims

10. The medical stent of claim 1 wherein said zeolite particles are from 0.5 to 2.5 microns.

11. A medical stent comprising a polymeric resin, and antimicrobial zeolite particles, said stent having at least one surface which is to be contacted by body tissue or body fluid.

12. The medical stent of claim 11, wherein said zeolite particles are coated on at least one surface of said stent.

13. The medical stent of claim 11, wherein said polymeric resin is selected from the group consisting of polyurethane and polyvinyl chloride.

14. A medical stent comprising a metal, said stent having at least one surface which is to be contacted by body tissue or body fluid wherein said surface is coated with a composition which comprises a coating containing an inorganic antimicrobial agent.

15. The stent of claim 14, wherein said antimicrobial agent contains silver cations as the active ingredient.

16. The sten of claim 14, wherein said antimicrobial agent comprises a ceramic carrier.

17. A medical stent comprising a polymeric resin, and an inorganic antimicrobial agent, said stent having at least one surface which is to be contacted by body tissue or body fluid.

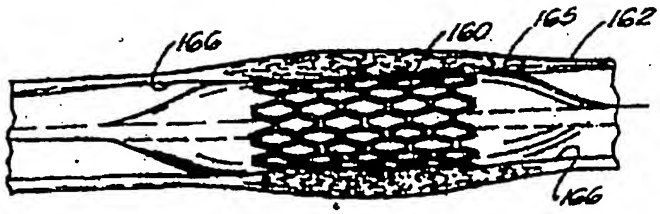

FIGURE 1

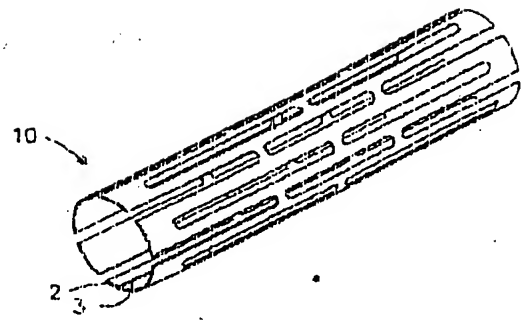

FIGURE 3